

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90086 045 \*\*\*550.00

**DOCUMENT # P01000076037**

**1. Entity Name**  
**MOSTELLERS WATER SERVICE, INC.**

**Principal Place of Business**  
**356 TIRANA AVE.**  
**ST. AUGUSTINE FL 32084**

**Mailing Address**  
**356 TIRANA AVE.**  
**ST. AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

91-2147860

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BANNER, MICHAEL**  
**4244 W. TENNESSEE ST.**  
**#185**  
**TALLAHASSEE FL 32304**

**7. Name and Address of New Registered Agent**

Name

TODD B. MOSTELLER

Street Address (P.O. Box Number is Not Acceptable)

356 TIRANA AVE

City

ST. AUGUSTINE

FL

Zip Code

32084

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

Todd B. Mosteller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/02

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE *P*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP *Kelly MOSTELLER* ☒ Change ☐ Addition  
*356 TIRANA AVE*  
*ST. AUGUSTINE FL 32084*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE *V*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP *TODD MOSTELLER* ☒ Change ☐ Addition  
*356 TIRANA AVE*  
*ST. AUGUSTINE, FL 32084*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-02

904-824-3254

Date Daytime Phone #

CR2E034 (4/02)